

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FEE SCHEDULE PTO-875)

CLAIM

SERIAL NO.

FILING DATE

10 / 561 496

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
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22							
23							
24							
25							
26							
27							
28	1						
29		1					
30		1					
31		1					
32		1					
33		1					
34		1					
35		1					
36		1					
37		1					
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41		1					
42		1					
43		1					
44		1					
45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND.	1						
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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95							
96							
97							
98							
99							
100							
TOTAL IND.	1						
TOTAL DEP.	29						
TOTAL CLAIMS	30						